



United States  
Environmental Protection Agency  
Washington, DC 20460

☒ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

1. Company/Product Number 2792	2. EPA Product Manager Toney Kish	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) CitrusStar <sup>®</sup>	PM# 22	
5. Name and Address of Applicant (Include ZIP Code) Decco US Post-Harvest Inc. 1713 S. California Ave. Manteca, CA 95030 → MONROVIA, CA 91016 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

## Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

## Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted				<input type="checkbox"/> Plastic	
	If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	<input type="checkbox"/> Glass	
				<input type="checkbox"/> Paper	
				<input type="checkbox"/> Other (Specify) _____	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1 GA		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled			<input type="checkbox"/> Other _____		

## Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Mohsen A. Sales		Title Technical Service Manager	
		Telephone No. (Include Area Code) 818-317-0732	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received  (Stamped)
2. Signature <i>Mohsen A. Sales</i>		3. Title Technical Service Manager	
4. Typed Name Mohsen A. Sales		5. Date 10/24/14	

US Environmental protection Agency  
Washington Finance Center  
FIFRA Service Fee  
P.O. Box 979074  
St. Louis, MO 63197-9000

Subject: Application for Registration  
Product Name: CitruStor  
EPA Company Number: 2792  
Company Name: Decco US Post-Harvest Inc.

Dear Sir / Madam:

Attached please find check number 57927 in amount of \$5,048.00 for the above registration.

If you have any questions please contact me at 818-317-0732 or via e mail  
[Mohsen.sales@uniphos.com](mailto:Mohsen.sales@uniphos.com).

Sincerely;

*Mohsen A. Sales 10/24/14*

Mohsen A. Sales  
Technical Service Manager



United States  
**Environmental Protection Agency**  
 Washington, DC 20460  
**Formulator's Exemption Statement**  
*(40 CFR 152.85)*

Applicant's Name and Address <b>Decco US Post-Harvest Inc.</b> <b>1713 S. California Ave.</b> <b>Monrovia, CA 91016</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">EPA File Symbol/Registration Number <b>2792-</b></td> </tr> <tr> <td style="padding: 2px 5px;">Product Name <b>CituStore</b></td> </tr> <tr> <td style="padding: 2px 5px;">Date of Confidential Statement of Formula (EPA Form 8570-4) <b>10/24/2041</b></td> </tr> </table>	EPA File Symbol/Registration Number <b>2792-</b>	Product Name <b>CituStore</b>	Date of Confidential Statement of Formula (EPA Form 8570-4) <b>10/24/2041</b>
EPA File Symbol/Registration Number <b>2792-</b>				
Product Name <b>CituStore</b>				
Date of Confidential Statement of Formula (EPA Form 8570-4) <b>10/24/2041</b>				

As an authorized representative of the applicant for registration of the product identified above, I certify that:

(1) This product contains the following active ingredient(s):

**2-(4-thiazoly)-benzimidazole (Thiabendazole / TBZ)**

(2) Of these, each active ingredient listed in paragraph (4) is present solely as the result of the use of that active ingredient in the manufacturing, formulation or repackaging another product which contains that active ingredient which is registered under FIFRA Section 3, is purchased by us from another person and meets the requirements of 40 CFR section 158.50(e)(2) or (3).

(3) Indicate by checking (A) or (B) below which paragraph applies:

☒ (A) An accurate Confidential Statement of Formula (EPA FORM 8570-4) for the above identified product is attached to this statement. That formula statement indicates, by company name, registration number, and product name, the source of the active ingredient(s) listed in paragraph (1).

**OR**

☐ (B) The Confidential Statement of Formula (CSF)(EPA Form 8570-4) referenced above and on file with the EPA is complete, current, an accurate and contains the information required on the current CSF.

(4) The following active ingredients in this product qualify for the formulator's exemption.

<b>Source</b>		
Active Ingredient	Product Name	Registration Number
2-(4-thiazoly)-benzimidazole	<div style="background-color: black; width: 100%; height: 20px;"></div>	<div style="background-color: black; width: 100%; height: 20px;"></div>
<p><b>*Product ingredient source information may be entitled to confidential treatment*</b></p>		
Signature	Name and Title <b>Mohsen A. Sales</b>	Date <b>10/24/2041</b>



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**  
**1200 Pennsylvania Avenue, N.W.**  
**WASHINGTON, D.C. 20460**

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average 0.25 hours per response for registration activities and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Washington, DC 20460. Do not send the form to this address.

**SELF-CERTIFICATION STATEMENT FOR THE  
 PHYSICAL/CHEMICAL PROPERTIES (PR NOTICE 98-1)**

Product Name: CitruStore

Reg. No./File Symbol No.  
 (if known) or Company No. 2792-

**SELF-CERTIFICATION STATEMENT:**

I certify that the reported information on the "Summary Form" represents a true and accurate record of the test results of studies generated or owned by (Company Name): Decco US Post-Harvest inc.

\_\_\_\_\_ and that the values of the properties reported are reliable.

I further certify that such data were generated in substantial conformity with OPPTS Test Guideline Series 830 Product Properties, applicable to my product, and in effect at the time of submission.

As a condition of registration, EPA may, by order, (1) withdraw a pending registration, (2) suspend the registration of this product without opportunity for hearing, or (3) assess civil penalties provided for in section 14 of FIFRA for violations of section 12(a)(2)(N) of FIFRA without opportunity for hearing, if I have not submitted to EPA within thirty (30) days of receipt of a request by the Agency, or within a specified time agreed to by the Agency, test results of studies summarized in the "Summary Form."

As a condition of registration, EPA may, by order, (1) withdraw a pending registration, (2) suspend the registration of this product without opportunity for hearing, or (3) assess civil penalties provided for in section 14 of FIFRA for violations of sections 12(a)(2)(N), 12(a)(2)(Q), or 12(a)(2)(R) of FIFRA without opportunity for hearing, if I fail to provide to EPA within thirty (30) days of receipt of a notification of error, or within a specified time agreed to by the Agency, information that EPA determines is required to correct the error.

Type Applicant's Name: Sukas Wartanessian

Title: Technical director

Telephone No. 626-353-1838

Applicant's Signature: \_\_\_\_\_

Date: 10/24/2014



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**1200 Pennsylvania Avenue, N.W.**  
**WASHINGTON, D.C. 20460**

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**Certification with Respect to Citation of Data**

Applicant's/Registrant's Name, Address, and Telephone Number Decco US Post-Harvest Inc.	EPA Registration Number/File Symbol 2792-T1
Active Ingredient(s) and/or representative test compound(s) Thiabendazole	Date 11/12/14
General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158) Post-harvest use on citrus	Product Name CitruStore

**NOTE:** If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

**SECTION I: METHOD OF DATA SUPPORT (Check one method only)**

☐ I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

☒ I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).

**SECTION II: GENERAL OFFER TO PAY**

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☐ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

**SECTION III: CERTIFICATION**

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-In response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (i) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature <i>Mohsen A. Sales</i>	Date 11/12/14	Typed or Printed Name and Title Mohsen A. Sales
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